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COMMUNICATIONS.

METALLOSCOPY AND METALLO-THERAPEUTICS, IN A CASE OF HYSTERICAL HYPERÆSTHESIA.

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There is nothing new under the sun. When Burq handed to the Académie des Sciences, in Paris, his thesis on Metalloscopy and Metallo-therapeutics, and the Academy appointed a committee, with Charcot at its head, to investigate the subject, there followed a general commotion in the medical world; and after Charcot's favorable report, and after the publication of his observations on patients in l'Hôpital de la Salpêtrière, the excitement was greater yet. A deputation of English and German physicians—all of them eminent authorities—went to the French capital to investigate for themselves the truth of the reports, and now even the greatest skeptic must confess that there is some hidden truth in metallo-therapeutics.

As now recognized, a patient, especially a hysterical female, suffering from a nervous affection, as achromatopsia and anæsthesia, is subjected to certain tests with pieces of metal; i.e. a small piece of gold, silver, iron, copper, zinc, etc., is for a short time applied to the temple or anæsthetic zone, and if the color blindness or anæsthesia should disappear temporarily under its influence, though it might—temporarily too—reappear on the opposite side, then the same metal which brought on the desired effect is given internally, in its proper doses, to the individual, and the latter is cured. (?)

About half a hundred years ago a physician by

the name of Rademacher lived in Germany, and he started a theory of his own, according to which every patient stood under the influence of his certain metal, i.e., some had a constitution for gold, some for copper, some for iron, etc.; nay, he went further; he said that each different disease may appear under different influences; a disease may be at times under the influence of iron, or silver, or copper, depending upon the metal under which the whole organism was, and on the stage, type and character of the complaint. He is dead; his theories had almost been forgotten, when now they are revived under a new form. While fifty years ago most physicians laughed at the foolish idea, to-day, a theory, no matter how absurd it apparently may be, is investigated, and made use of if found to possess some value. Westphal and others have tried to find a cause for the remarkable fact; some believe that minute currents are developed, which, similarly to the galvanic current, produce this effect; others think that we have to do here with a reflex action, started by an impression on the periphery; and still others attribute it to expectant attention. But the observations have been carefully made, and everything has been excluded by which the imagination could have played a rôle; in achromatopsia it is actually impossible to attribute it to delusion, as the patient cannot know the order in which the perceptibility of colors will return; so that the indisputable fact remains, that by the aid of metalloscopy we may detect certain metals which, when given internally, remove certain nervous phenomena. This fact cannot be denied; and to enrich the literature on the subject I publish the following case:—

Miss A. D., aged twenty-two years; sanguine temperament; well formed; blonde. This lady, kindly sent to me by my friend, the eminent oculist, Dr. Peter D. Keyser, who had attended a relation of her's for some eye trouble, came to me in December of last year. She complained of severe hyperæsthesia of the skin of the whole right arm. It was impossible to limit exactly the area of hyperæsthesia; the slightest touch made her scream; she had no rest, either day or night, in consequence of the pain in the arm, and only when she held it slightly flexed and supported in this position was the pain endurable. There was nowhere on the arm a spot more tender than the rest; the brachial plexus was not painful to the touch, and there was not a solitary symptom of disturbed health anywhere else. The arm was slightly swollen, evidently from disturbed circulation, due, I think, to its forced position. I observed no other trophic disturbances nor symptoms of affection of the vasomotor system. Every organ, as far as could be detected, was normal, as also every function; only the arm troubled her. The patient thought she had struck her arm against a table, and hence the pain, which had been confined first to the fingers, and gradually reached its present extension and severity. But the lady was not sure as to the accident; she knew only one thing certainly, that she had the affection now for about eight months, and her relatives were alarmed.

While examining the patient, I concluded that she was afflicted with hysteria. Her history of herself was not very clear, and only after seeing her family physician, Dr. Bush, of Wilmington, Del., was my diagnosis confirmed. A year before I saw her she had neuralgia of the right ovary, and at that time pressure on the affected organ would produce a hysterical fit, which ceased on removal of the pressure. As soon as this neuralgia left her the affection of the arm began. With the exception of hypodermic medication, I tried all available means to cure her of the trouble, but did not succeed. Then, without explaining to her my intention, I put a piece of silver (half a dollar), at another time, a piece of copper (large, old cent), and when she came the third time, a five-dollar gold piece, on her arm, securing it carefully with a small bandage. The first two metals had no influence; the gold was not ten minutes on the arm when the pain suddenly left her. When I took the metal off it gradually returned, but not with its former severity. I now gave her, internally, auri muriatico-natronati, gr. $\frac{1}{10}$, t. d., and from this time on

rapid improvement followed, so that the lady only paid me a few more visits, when I discharged her, cured.

Simulation here was impossible; she had suffered too long, and she had no idea, nor has she to this day, what I was doing. Metalloscopy here showed me the remedy, and metallo-therapeutics were the means of her cure. Besides being a contribution to the history of this new science, the case has other points of interest. When the application of the gold piece removed the hyperæsthesia, there was no hyperæsthesia developed on the other arm, which always seems to take place in cases of hysterical anæsthesia. Psychical hyperæsthesia is by no means rare in hysteria, but local hyperæsthesia will not be so frequently found. This patient perceived pulsating movements in the affected arm, showing, according to Eulenberg, the increased sensibility. Her hyperæsthesia was strictly a cutaneous one. When, after long persuasion, she allowed me to touch her arm, a severe pressure did not augment the pain, neither did motion; but at the slightest touch the patient felt as if the skin of the arm was brought in contact with a glowing iron. The slightest draught of air was painful, and intermittently she would suffer severe pain in the integument of the arm, without its being touched. The hyperæsthesia was, therefore, accompanied by an actual neuralgia of the skin. I could detect no portion of the affected skin where this hyperæsthesia existed in a less degree. But the patient, when suffering yet very much, would not permit a thorough examination, while, when improvement began, it was such a rapid one that an examination then was useless for the purpose indicated. When holding the arm in a slightly flexed position she was nearly free from spontaneous pain, but the exalted sensibility to touch continued the same. On my questioning her as to her tactile sense in the fingers of the right arm, she described to me how very acutely she felt; she told me she thought she could see almost with her fingers; but I doubted this very much, as I think I put my questions so impartially as to exclude, on her side, all possibility of deceit or exaggeration. Physical excitations seemed to influence the degree of hyperæsthesia.

Since her cure no further symptom of hysteria has made its appearance. She is continuing to take the gold internally, in $\frac{1}{4}$ gr. doses three times daily, and I have advised her to do so, with occasional short intermissions, for a whole year.

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THOUGHTS ON MIDWIFERY, No. 4.

BY HIRAM CORSON, M.D.,
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(Continued from p. 138.)

In answer to the closing inquiry of my last paper, "what is the cause of that inertia?" which Dr. Penrose confidently declared to be the cause of post-partum hemorrhage, a declaration generally acquiesced in, and of which Dr. James P. White, of Buffalo, said, "Doubtless all agreed with Dr. Penrose, that uterine inertia was the most common cause of this dreaded hemorrhage," I may quote again from Dr. P., that "the most powerful predisposing cause was a peculiar idiosyncrasy of the woman, which gave rise to a peculiar flaccidity of the uterus."

Now, as we know the *great cause* of uterine hemorrhage to be *uterine inertia*, and the *most powerful predisposing cause* of that inertia to be a *peculiar idiosyncrasy* which gives rise to a *peculiar flaccidity* of the uterus, surely we know all about it, and I might close the investigation of the subject here, by merely asking the professor to give some of the evidences of that peculiar idiosyncrasy—some characteristic of such a patient, by which we may judge of the necessity, in her case, to take precautions against hemorrhage. But I am not disposed thus lightly to pass from the subject—a hemorrhage "appalling" to Dr. Penrose and "dreaded" by Dr. White—for these are the utterances of great teachers, whose opinions alarm the student and give direction to the practice of thousands of practitioners. The fact that they thus believe is no proof that they have hold of the truth.

Dr. Albert Smith, of Philadelphia, in the enjoyment of an unusually large obstetric practice, did not agree with them, for he "considered post-partum hemorrhage as due to one of two causes, namely, either laceration or distention. If the uterus was empty it would contract, and if it contracted hemorrhage would cease." So Dr. Smith does not recognize inertia of the womb as being a cause of post-partum hemorrhage in any case. In speaking of it he said not a word like appalling or dreaded, and seemed quite confident that his mild means would effect a cure.

Dr. T. Gaillard Thomas, during the discussion, inquired "whether the inertia spoken of as the cause was primary or secondary?" A most appropriate query, which, I was surprised to see, elicited no reply; called forth no comment. He also said, "It was his impression, that in a large number of cases it was directly due to mismanagement on the part of the practitioner." That was bold talk in the presence of those who

had given us the law to be accepted without cavil. I greatly regret that Dr. Thomas did not point out the various kinds of "mismanagement" which produce these cases. He would have conferred a great benefit on the profession, and I should not now feel the need to refer to some practices prevalent wherever the erroneous teachings already referred to influence young practitioners and mislead old ones.

In primary uterine inertia I have scarcely a trace of belief, and will now try to make plain the common cause of uterine hemorrhage after delivery of the placenta. Every physician of much experience knows how great is the influence of the mind over the body; how good news and hope invigorate it, and how bad news and fear depress it and take away the strength. The teaching during the last few years has been of a kind to fill the young graduate with alarm. He goes to the bedside of his patient afraid of the many dangers which have been impressed upon him by his teachers as attending every step of the natural, and I might say rarely dangerous, process of labor. I am free to say that there are hundreds of practitioners, of much obstetric practice, who, after many years' experience, have never seen a natural labor go through all its stages, to the final delivery of the placenta, without interference. They do not know what a natural labor is. You ask, "how is this?" "How can this be possible?" Let us look in on one of them while he is in attendance on his patient. It is a first labor. The woman, finding slight, recurring pains, her "time" being up, and knowing almost nothing of the time generally occupied in first labors, hurries off some one for the doctor. He finds her with occasional pains; makes an examination, and finds the os uteri thick and but slightly dilated. He therefore waits—examines frequently, to see what progress is being made, and after a few hours finds that, though the pains have increased in force and frequency, and are causing considerable suffering, yet the os uteri is but very slightly dilated. He is now convinced that what he has suspected for the last two hours is a reality, namely, that there is a "rigid os," so frequently described by his teacher. She is informed that, unfortunately, the labor is delayed by a "rigid os," and that he must try to overcome it. As she is quite ignorant of the course of a labor, and also of his Latin phrase, and as he is already engaged in trying, either with his hand or by means of a dilator, to dilate this unyielding entrance to the womb, thus giving her increased suffering, she becomes greatly alarmed, and

though its depressing effect greatly aids him in producing dilatation, yet, at the same time, it almost arrests the contractile power of the uterus. We now have a uterine inertia, from fear—Dr. Thomas' secondary inertia—inertia from "mismanagement." And now commences a series of measures, following each other without intermission, regardless of the protests and entreaties of the suffering woman. The fingers having failed to dilate, are followed by strong dilators, and they by belladonna, and it by injections of hot water. Hurry, and bustle, and fright are in the room; the pains are disregarded, they are considered of no avail, while the rigid os is not overcome.

But finally, after an hour or two, or more, spent in unceasing efforts to overcome the supposed difficulty, the doctor announces that he thinks he can use the forceps, and that the exhaustion of the patient will not admit of delay. And now, despite the fact that the labor is yet only in its first stage, that the head is high up, that the soft parts are rigid, and the vaginal canal has not been entered by the head of the child, he proceeds to apply the forceps. In this he has great difficulty. The woman gives occasional screams; begs him desist; the forceps will not lock, and streaming with perspiration, trembling with anxiety and fear, he is almost ready to despair of success, when a heavier backward pressure slips them in place. And now, before he begins his long and strong pull—for it is no trifling force that will bring that square-headed child through the unwilling os, the undilated vagina, and over the resisting perineum, allow me to speak of a case related to me this very day, March 14th. I was called to see a lady of sixty-five, whom I had attended with several children; a most healthy woman, and always busy in the affairs of her family in her pleasant home. She said that for five weeks she had had "spells" of oppression, restlessness, and a sense of impending suffocation. In one of the spells, at night, she had called in a doctor, who tried to calm her fears, told her she had not disease of the heart, but merely "nervous prostration," and prescribed medicine, which had done her some good; but as she still had occasional spells, she desired to consult me. I found her greatly changed from her usual pleasant, cheerful condition, and after hearing the above account, I inquired to what she attributed her nervous condition. She said, "Five weeks ago, I was with my daughter-in-law during her labor, and as it was a little tedious, the doctor used the instruments. I had never seen them used, and

felt somewhat frightened to see them, but the worst of it was, that as soon as the doctor took hold of them, to bring the child away, she began the most frightful, prolonged screams and screeches I ever heard, and never ceased till the child was born. I have never felt right since. I think that was the cause of my nervous condition. I was never nervous before."

Ah! how sad! and this in the hands of a gentle doctor—a most feeling man; one who knows well how to apply and use the forceps. We are often smilingly and triumphantly told that "but little force is needed; wait for the pains and help them a little each time." Who can wait when he has hold of them? If there was need to use them—if the uterus has been unable to bring it down; if the patient be exhausted, or the doctor in a hurry, or "expecting similar calls elsewhere;" or if the pains do not recur—no unusual thing when the forceps are on—will he wait? or can he wait, after having told the woman how quickly and easily he would deliver her if she would allow him to apply the instruments? No, he will not wait. And now let us return to our doctor—himself streaming with perspiration, a woman pressing with great force on the tender abdomen of the frightened and half-dead patient we see, by his compressed and grinning lip and anxious face, that he is ready to deliver. Let us turn our eyes away. The loud and prolonged screams will announce to us the beginning and the end of the struggle. * * * * * The still-born lies before us; and though not two minutes have elapsed since it was born, the doctor, fearful of uterine inertia, has his hand in the womb; the placenta is seized and dragged away. There is now a moment of victory, and the doctor is a hero, receiving the thanks of grateful women; but just before the birth of the child he had informed the attendants that hemorrhage might occur, and therefore the pressure must be continued on the abdomen; the ice, the brandy and the vinegar must be at hand. The patient is thus made cognizant of an impending danger, and all her fears called up. She feels that "a discharge" is passing; the event so dreaded seems to her to have arrived, and her fears weaken and prostrate her. All are now thoroughly "appalled;" the brandy is given; the ice, iodine, per sulph. iron and vinegar are used in succession; the foot of the bed raised, the pressure continued on the abdomen for hours, and the hand introduced again and again, and all this violence done to the patient—to her mind and her body—her child lost, herself injured, when there was not the least occasion to do anything

but to let the woman alone and nature do the work.

Now, what has all this taught the doctor? Nothing—absolutely nothing; and yet he will make record of a case of “rigid os, followed by uterine inertia and appalling hemorrhage.” He was called to her when the labor was just begun. If, instead of staying with her, he had gone away, —as he should have been taught to do—telling her that the labor had scarcely begun, that first labors were generally tedious, that if the pains should become quite frequent and severe to send for him, or that he would call again in a few hours, she would have been satisfied, and on his return he would have found the os uteri thinner and more dilated, and after a pleasant and encouraging word, could have left again, to return in a few hours and find still more change—the soft parts changed, an abundant secretion of mucus, the square, angular head moulded by the successive pains into a cone, fitting it to pass easily through the bones, and glide harmlessly over the well-prepared vaginal canal and perineum. And then, if he had waited by her bedside, and cheered and encouraged her by his confident assurance that it would soon be all over, that she was doing admirably, the labor would have been terminated speedily and happily for mother and child. There is no need, in one case in a hundred, to resort to measures like those now in use, to dilate the os uteri, or to press heavily on the abdomen, to deliver either the child or the after birth. I have never had occasion to resort to either of those measures. I consider the pressure an outrage. Thousands of placentas are pushed and dragged away within five minutes after the birth of the child (and before the woman has recovered from her bodily, not her uterine, exhaustion, now called inertia), which, if left alone, would have come down, on the accession of one or two pains, within twenty minutes.

(To be Continued.)

YELLOW FEVER—SYMPTOMS, PATHOLOGY AND TREATMENT.

BY FRED. HORNER, M.D.,
Of Salem, Va.

Yellow fever is a disease characterized by an accelerated pulse, increase of heat, and thirst, diminished strength, severe headache and pain in the loins, with all the functions of the body more or less deranged, nervous, circulatory and sensorial. The conjunctiva is red, yellow, or orange color; this color extends, in time, over the entire body, with the pulse sometimes as low as 40

per minute, with dangerous prostration, epigastric pain and tenderness, and scanty urine. Blood oozes from the gums, and, changed in quality, is expelled from the stomach, in the form of black vomit; the latter symptom, with the intense thirst, orange color of the skin, and sometimes insupportable pains in the back and head, may be regarded as pathognomonic signs of the existence of this fever. The secretions of the liver and kidneys are disturbed, and entirely suspended in severe cases. The heat of the body presents a high standard. In some instances the patient sinks under the first blow, on the third day, with symptoms of congestive chill, coma and death, preceded by convulsions. The effects observed may direct attention to the circulatory or nervous system, or to some special organ, suggestive of a designative term—bilious remittent or typhomalarial yellow fever—in which the symptoms indicate a morbid condition of the blood, the viscerae and the nerves. The materies morbi, whether atmospheric or animalcular, modified by excessive heat and local causes, excites disease, relieved only by the action of suitable medicines, or by chemical changes in the fluids and solids of the body, conducive to the restoration of health. Sometimes the fever is very mild, and terminates favorably. In other instances, when the weather is particularly hot, when the epidemic influence prevails and the atmosphere is laden with impurities arising from the decomposition of vegetable matter and the putrefaction of the carcasses of dead animals about the wharves and suburbs of large seaport towns, the disease is very fatal, and readily communicable to other localities by infection. Women who have been lately confined are especially liable to be infected, and those pregnant to abort, the danger depending not on sanguineous congestion, but on the prostrating influence of the poison upon the nervous and circulatory systems. On the West coast of Africa, in the West Indies, in seaports situated in the Gulf States of this country, in midsummer and commencing autumn, at certain seasons, when yellow fever has been communicated by a ship's crew from an infected port where the disease is endemic, the unacclimated, including even children and negroes, are never safe from an attack.

The home of the yellow fever may be said to be on this continent, in the cities of equatorial Brazil, including Rio de Janeiro and Bahia, also, Havana, New Orleans, Savannah and Charleston, and of late years, Norfolk, and the cities, towns and country along the Mississippi river, for the distance of eleven hundred miles. The

majority of English authors do not notice the existence of this fever in their writings, for the obvious reason that it is unknown in Europe and the British possessions, excepting at Bermuda and in the islands of the West Indies. The writer saw and studied the disease on the coast of Brazil, as medical officer of the United States sloop of war "Jamestown," and subsequently at Norfolk and Portsmouth, in 1855, when on duty on board of the United States surveying schooner "Vagina." In the history of both epidemics the testimony of intelligent physicians was ample and satisfactory, that the germs of the fever came from an infected seaport, the season and atmosphere favoring its further development.

Pathology.—This is involved in obscurity, and with regard to all theories, it may be said that all have failed to furnish a rational and satisfactory explanation of the lesions which occur in yellow fever. Until some second Louis is born to make the discovery that the poison expends its noxious effects on the blood or on the stomach, or some secreting organ, the mystery must remain unsolved. The scalpel or microscope may yet reveal this important secret. The study of organic chemistry, applied to the investigation of the air we breathe, of noxious gases inhaled, of the changes wrought in the animal organism in the course of this fever, together with a close observance of experiments made to insure the cleanliness of cities and of ships, will all contribute to this result. Autopsies made by the writer revealed the orange color of the skin extended to the mucous, muscular and serous tissues of the abdominal cavity, the liver and heart; the stomach more or less distended with black vomit, and the abdominal cavity more or less filled with semi-fluid blood, and the corpuscles broken down. The mucous membrane of the small intestine readily peeled off, and contained, for the most part, foul gases and the debris of the elements of nutrition not absorbed or discharged. The substance of the liver was readily torn, soft and wasted.

Some cases present signs of acute gastritis. Lieutenant James F. Miller, of the "Jamestown," one of my patients, suffered from atrophy and partial paralysis of the muscles of the left leg, after a severe illness from this fever. It cannot be denied that there is an early and peculiar tendency, in this disease, to dissolution of the blood, upon the integrity of which depends all vital force, whether of the lungs, heart or brain.

In connection with this fact, it may be men-

tioned that the testimony of Prof. Joseph Jones, M.D., of New Orleans, has lately, in the course of a medico-legal investigation, contributed to the conviction of a criminal. Dr. Jones proved that the change in the blood discovered on the clothing of the murderer was such as occurs in intermittent fever, with which the deceased was affected when killed.

With reference to the cause of yellow fever, as due to atmospheric impurities, the late report of the English Royal Commission, composed of Professor Roscoe, Admiral Hornby and others, bears upon the question. This Commission declare that "the sewerage which is discharged into the Thames in a raw condition, at Barking street, was sufficient to poison the air and to cause the death of the hundreds of people on board the 'Princess Ann,' when run into by the 'Bywell Castle.' The taste and the smell of the water were something dreadful, causing headache, nausea and depression." This investigation extended to the management of manufactories from which carbonic oxide and acid, sulphuretted hydrogen and arsenic were given off, and the evidence taken was startling, proving that "untold mischief might occur at any time through the noxious vapors on the banks of the Thames."

Treatment.—There is only one record of the touch of mortal—and He was divine—healing the patient "sick of a fever." It may be said by the most skillful physician who has been in the midst of true epidemic yellow fever, such as was witnessed in Norfolk, and during the past year in our Southern States, that one feels himself impotent in the presence of the destroying angel, and fully realizes that this disease mocks at all efforts of remedy, at least in one-third of the cases submitted to treatment. Thirty years ago it was the custom of some physicians to resort to the "Lost Art," and to prescribe calomel and quinine in teaspoonful quantities, inducing the most serious and fatal consequences. No enlightened physician at this time is guilty of such vicious malpractice. The fact that there has been an increasing demand for efficient nurses, as well as experienced medical attendants, is proof that the profession and community are convinced of the importance of careful attendance, day and night, on fever patients. They shield the patient from injurious influences when delirious, or tempted to do imprudent things, and can ensure a safe convalescence. The treatment should begin with moderate quantities either of calomel or blue mass and seidlitz powder; quinine sulphas, by mouth or injection. To allay

the intense nausea, and for antiseptic properties, one grain of carbolic acid, combined with ten grains of potass. nitras, suspended in mucilage and syrup, may be used with advantage. *Acetas ammoniæ* is an excellent febrifuge. When the gastric symptoms are prominent, and there is a tendency to hemorrhage, a blister should be applied to the epigastrium, minute quantities of fluid extract of ergot be given internally, and a free allowance of cold water and fresh air, not neglecting frequent change of linen and of bed clothing, and sponging the entire body of the patient with cold or tepid water, to promote reaction and allay nervous excitement. The French and Spanish physicians in Brazil and in the West India islands treat this fever with lime or lemon juice; water of orange leaves and demulcents; and weak broths, administered by the tablespoonful; frictions to the limbs, of sweet oil and spirits of camphor, and sinapisms to the epigastrium; and carefully guard the patient against all exciting causes. Tilden's bromochloral solution is an admirable disinfectant for the sick room. As the convalescence is usually protracted to three or more weeks, a relapse may occur by imprudence in diet, exposure, or premature return to business. This nearly happened to an engineer who was allowed to return to duty. For several weeks he exhibited mental excitement; his language and ideas were incoherent, and only a vigorous constitution saved him from a second illness. In the case of the healthy portion of the community, or on board ship, the best preventives to escape yellow fever are courage, a few grains of quinine, and a moderate diet.

PHYSICAL DISEASE RESULTING FROM MENTAL STRAIN.

BY WORTHINGTON MYERS, A.M., M.D.,

Of New York.

A majority of physicians study the diseases of the body from a point of view too exclusively physical, and overlook or under-estimate the invisible agencies which, through the mind, affect the body for good or ill. Even severe mental work is not productive of evil results, provided that work is carried on with evenness and order. The danger consists in extreme strain or shock. The diseases resulting from shock or strain are divided into two classes. There is a distinct class in which the mental shock stands out as the direct and only cause of the malady; and another, in which the mental shock or strain appears only to excite or exaggerate symptoms of dis-

ease which preëxisted, or, in other words, upon undue nervous action, that is, when the various peripheral expansions of sensitive nerves take up undulations or vibrations, and convert them into waves, capable of being propagated along nervous tissue—*neuricity*, as it has been named. Thus the same nerve tubule may be able to transmit the wave, in its normal condition, which produces the idea of simple contact.

Pain, which is almost always dependent upon either of these conditions, involves a true lowering of function, and not a genuine hyperæsthesia, and springs from a perturbation of nerve force, due to dynamic disturbance, either within or without the nervous system; and in proportion to the physical imperfection of the nervous tissue is the susceptibility to this perturbation determined; and if not arrested, the imperfection proceeds so far as to correct all nervous communications, and paralysis is the result. This is, without doubt, produced by the functional disturbance of the nervous centres; as muscular atrophy and general loss of temperature and power express, in a rough way, the complications with which we have to deal. Atrophy may be limited to one muscle or to a set of muscles; there may be contraction of a limb, either with or without atrophy; the direction of the contraction varies extremely.

The influence of mental strain over the functions of the body must be beneficial, if practiced within moderate limits, since, without wasting the body, it engages the attention, and satisfies some of the highest desires of our nature. But when carried to excess, so that the body is constrained in posture, and kept in a closed room during many hours daily, its tendency must be to exhaust the vital power, to prevent due muscular exertion, to lessen the force of the circulation, to render the skin too active, to lessen the functions of assimilation and digestion, and to diminish the appetite for food. Hence, in this it is precisely fitted to induce the conditions of disease, and demands most serious attention. There is no class of cases in which remedial agents appear to have so little influence, or in which a more decided method and long continuance of treatment are called for, as in those induced by excessive mental strain, but not, as some suppose, because mental strain increases the elimination of nitrogenous products, but because there has been long continued neglect of all the conditions upon which the healthfulness of the body depends. Such a state is one, essentially, of low, vital energy.

The origin of insanity. I question whether it is ever the result of simple mental overstrain. On the contrary, I believe it is dependent upon extreme mental inactivity. But when the tendency to it is pronounced, then mental strain excites the malady. Therefore, the origin of insanity, as a concrete fact, is rather to be sought for in inactivity, hereditary and individual inactivity of brain, than in exercise of brain, and the excessive exercise of brain is a cause, not of mental, but of physical derangement. The uneducated masses among us are, without doubt, the breeders of our abstract insanity, while the educated, ambitious, overstraining and untiring mental workers are the intensifiers of the worst types of physical disease.

Disease produced in this manner is no entity; it is but a modification of health—a perverted physiological process; and this must at all times be insisted upon. Were it not that we fear death and dislike pain, we should not look upon disease as anything abnormal in the life process, but to be as part and parcel of it. Few would now venture on a definition of this disease, for in reality it is but the course of nature in a living thing which is not health. In health the balance of function is even; incline it to either side and there is disease. Just as the life process constitutes an individual and puts him apart from his fellows, so must any alteration in it be individual and not general.

The history of medicine abundantly proves that many of the so-called incurable disorders of the human system are not so in reality, but only apparently beyond the reach of restorative influence for the time being, from the imperfect knowledge of their true character, the proper means of relief, and the recuperative power of nature, or, in other words, inability on the part of the practitioner or science to meet the emergency at that particular period of time. It, therefore, is the duty of the practitioner to keep steadily in view the principles of progress, and carefully study all so-called irremediable conditions, with the measures applicable thereto for curative purposes, and not let such cases drift into the hands of mere empirics, who, by chance experiment, so often succeed, to the discredit of the profession and science. As enlightened knowledge is necessarily superior to blind empiricism in medicine, as in all other departments of investigation, every effort should be made to acquire it, and extend the bounds of medical science to the fullest extent, for the relief and cure of the many "ills to which flesh is heir." That every case of disease is a problem to be

solved in accordance with mathematical and logical principles, and to be treated with scientific accuracy and positive certainty, is the avowed object of all study. Hence, to secure the highest possibilities of medical art, the treatment of all abnormalities must be conducted with the positive precision resulting from a correct knowledge of the principles of biological science. These principles can only be determined by a profound study of the laws of life, and by every method of research, speculative and experimental, deductive and inductive, as it is only by the combination of all that the best results can be obtained. Although much discredited, the *a priori* or theoretical mode of investigation is of great value, and often leads to brilliant discoveries.

The natural history of disease shows that the most intractable disorders, both of an organic and functional character, even with extreme structural changes, will sometimes resolve spontaneously by the unaided efforts of nature, and if so occasionally, without extraneous assistance, it is reasonable to infer would do so more frequently by the aid of enlightened art. Hence, in the treatment of all cases, even those termed *hopeless*, intelligent and persistent effort should be made, not only to relieve immediate suffering, but to correct derangement of every kind and promote complete recovery, giving the patient the benefit of the doubt in every instance, by working steadily for a favorable result, even in the most unpromising conditions; for though present resources may be inadequate, constant study will bring fresh inspiration, while the progress of knowledge may open at any time new sources of information, more efficient remedies, and better methods of treatment, equal to the emergency.

A CASE OF DOUBLE OVARIOTOMY.

BY WILLIAM VARIAN, M.D.,
Of Titusville, Pa.

November 20th, 1878, saw Mrs. B., American, aged 40, mother of five children, the youngest in its fifth year; had been an invalid two years; had menstruated regularly until within six weeks. First noticed enlargement in March last, since which time her case had been treated as one of dropsy. Was first tapped five weeks before my visit; and a second time one week ago. At each sitting a patent pail even full of fluid was withdrawn, but the distention only *partially subsided* in each case, the belly still remaining enormously large. Thought herself probably six weeks enceinte. On a physical examination, I found all the evidences of an ovarian cyst of large size,

with extensive multilocular deposit in the pelvis. Tympany was well marked in the epigastric and left lumbar region, but could not be detected in the right lumbar region or in any portion of the right half of the cavity of the abdomen. Patient states that the swelling did not disappear from the right side when tapped.

Diagnosis.—Cystic disease of left ovary, with a large cyst on the right side, bound down by adhesions; or possibly cystic disease of both ovaries.

December 3d, 1878. I operated in the usual manner, opening the abdomen by an exploratory incision in the linea alba. Found a large cyst, with very thin walls, and a great amount of multilocular deposit at the base, closely adherent to omentum and peritoneum at numerous points. When this was isolated, evacuated and extracted, an Atlee clamp was applied, and the mass removed. A tumor of still larger dimensions was now found to occupy the right side, lying entirely behind the first tumor, and extending so high up under the ribs as to displace the liver upward. This tumor was attached to the neighboring parts by adhesions on every aspect except the posterior or intestinal. After separating and evacuating the cyst, it was found necessary to enlarge the incision to five inches before it could be extracted. A pedicle of moderate length attached this tumor to the right side of the womb. A strong ligature was passed around the pedicle, and when thoroughly secured, was cut short. Being obliged to drop one pedicle, I elected to drop both, as I considered the risk no greater, and in event of recovery the condition of the patient would be improved if both pedicles were encysted within the peritoneal cavity. I, therefore, ligatured the left pedicle, removed the clamp with the distal button of the pedicle, and dropped it. The uterus was found to be perfectly globular in form, free from all irregularities, of a flesh-pink color, and in size about that of the head of a new-born infant. From its appearance I concluded that my patient was pregnant.

After a thorough cleansing and antiseptic sponging of the abdomen, I established free drainage, closed the incision with eight silver sutures, dressed the wound with carbolate of soda, and applied the cotton wool and flannel bandage. The patient was on the operating table nearly an hour. The gross weight of the tumors removed was 43 lbs., and some ounces.

The patient reacted promptly, was undisturbed by vomiting, had no traumatic fever for five days, during which time the pulse, at the time of my visit, did not exceed 85, or the tem-

perature reach 100. A change appeared on the night of the fifth day, and I found her the next day with all the evidences of septicaemia and approaching collapse. The drainage, which was checked, I reestablished, and washed out the abdomen thoroughly with a 1 per cent. carbolyzed solution; gave large doses of quinine, with stimulants. Although at first relieved, the symptoms soon recurred with increased force, and the patient sank at 10 A.M. of the seventh day.

The features of special interest in this case are, 1st. The disease affecting both ovaries. 2d. The masking of the cyst of the right ovary by that of the left overriding it; although I have little doubt that the diagnosis would have been greatly simplified had I been present when paracentesis was performed. 3d. The probable existence of pregnancy in the second month. The existence of pregnancy was not definitely established, as I was unable to examine the patient after death. 4th. The persistence of menstruation up to within two months of the operation. With the apparently total degeneration of both ovaries which existed, the appearance of the catamenia up to so late a period was an interesting feature of the case.

The circumstances of the patient were those of extreme destitution. Her attendants were marvels of ignorance and stupidity. She lived six miles from my office, and the roads were perilous, and almost impassable, even to a country doctor. Under different auspices it is not improbable that a more favorable termination might have been secured.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.
SURGICAL CLINIC OF DR. R. J. LEVIS.
SERVICE OF 1879.

Reported by N. H. CHAPMAN, M.D.

Compression of the Brain, from Clot. Its Characteristic Symptoms and Treatment.

GENTLEMEN:—The first case we will examine together this morning is that of a man, apparently about thirty-five years of age, who has just been brought into the house on account of some injury about the head. I have not yet examined the case, but I notice that he is in a comatose condition; the pulse is slow and feeble; the respiration stertorous; and there is evidence of more or less hemorrhage from the ear, on the left side. Now, apparent hemorrhage from the ear may be deceptive. It may be simply from the external auditory meatus, or it may have flown into the ear from injuries in the neighborhood, neither of which condition would be at all serious. Or, instead of this, the hem-

orrhage may come from the ear itself, and be indicative of internal injury. In this case we have an incised wound of the scalp upon the left side, posteriorly. It is possible, therefore, that some of the blood from this wound may have found its way into the ear, and given rise to deceptive hemorrhage, for certainly there is none coming from the ear at the present moment. I also notice that there are no evidences of any involuntary discharges having taken place from the bowel or bladder; that the pupils are contracted; and that there is complete anæsthesia of the right eye, as ascertained by touching the conjunctiva with the finger and contrasting it with the left, which is sensitive. In the right leg and arm there is no response to the pricking of a pin, whereas, upon the left side marked muscular twitchings are manifested. The paralytic symptoms are there associated with the right side, and point to a lesion upon the left.

I shall now enlarge this incised wound upon the left side of the head, by making an incision through the scalp, in an upward and forward direction, in order to determine whether there is any fracture or depressed portion of bone, which might be the cause of such well-marked symptoms of compression of the brain. Some small vessels will necessarily be divided in this exploratory operation, and give rise to considerable hemorrhage, but it will do no harm. In fact, it will rather be a benefit, by relieving the already highly congested tissues. But by careful examination no fracture or depressed portion of the bone can be discovered, so that the evidences of compression from a clot are pretty clear, though the exact location of this clot is not so certain. True, the existence of right hemiplegia indicates that the clot is upon the left side, but its precise situation can hardly be determined.

The treatment, for the present, shall be rest in bed, with the head and shoulders slightly elevated, together with stimulating injections of turpentine and water. Turpentine beaten up with water (for it is not soluble in it) and thrown into the bowel with a syringe, in the form of a mixture, makes a very good stimulating injection. It not only produces a stimulating effect upon the system, but causes what is equally desirable, a free evacuation of the bowels. In addition to this, I will direct that he have an active mercurial cathartic, and that he be placed upon full doses of the bromide of potassium, taking sixty grains of this drug within the next twelve hours, and subsequently reducing the dose to about one-half. In dealing with a patient in this condition, it should always be borne in mind that if deglutition be impaired, as is usually the case, medicines and articles of food should not be given by the mouth, but rather by the rectum, because, if a patient cannot swallow, there is great danger that whatever may be introduced into the mouth will pass down into the trachea and produce strangulation. For the same reason, if mucus accumulates in the trachea and bronchial tubes, the patient should be inverted, to facilitate its discharge. The wound will, after a time, be brought together by a few interrupted sutures, and covered with lint, saturated with carbolic oil, which will be all the local after treatment that is necessary.

Paraplegia from a Spinal Sprain, and its Treatment by Means of the Actual Caustery.

About two months ago, the scaffolding upon which this man (who is a fresco painter by trade, and about twenty-five years of age) was working gave way, and he fell upon his buttocks. The result of this fall was a somewhat forcible concussion of the cord, and a severe spinal sprain.

At present the man is in a condition of complete paraplegia. There is paralysis of both lower extremities, so that he cannot flex the feet or legs at all. There are periods of incontinence of urine, and occasional involuntary discharges of fecal matter. The paraplegia, which is really the only thing of which the patient now complains, is, no doubt, due to plastic effusion and thickening about the cord at or near the place where the spine received its greatest sprain.

The spinal column may receive a sprain anywhere throughout its entire extent, but it is most apt to suffer a severe injury at that point where it is most flexible. That is between the last dorsal and the first lumbar vertebra. The spine, when it is put strongly upon the stretch, bends as far forward as it can normally, and if it is forcibly bent still further forward the result is a sprain. I remember a case which occurred some years ago in my practice, of a man who, while in a stooping posture at the bottom of a well, was struck upon the back by a falling bucket that contained one hundred pounds of earth. The consequence of this was a bad spinal sprain, which terminated rapidly in a fatal result, and the autopsy showed that the seat of injury was at its point of greatest flexibility, or the lumbo-dorsal articulation.

In treating this case, the most important indication is to produce a powerful counter-irritant effect along the spine, with a view of removing, if possible, the plastic effusion upon which the paraplegia doubtless depends. With this indication in view, I shall employ the most powerful counter-irritant known, which is the iron at a white heat. In using the hot iron upon this man, I place him under the influence of an anæsthetic and make six issues, three upon either side of the spine, in the lumbo-dorsal region.

There is a nice little point about the after treatment of the cauterized spots, which has not, as a rule, received the attention it merits. If, after the hot iron has been applied, the parts be left exposed to the air, or even the ordinary cold water dressing be applied, the patient will suffer a great deal of pain. But I have found that if pure carbolic acid—which has simply been deliquesced by the application of a moderate heat, so that it may be conveniently spread with a camel-hair pencil—be applied to the cauterized spots, it produces such a marked anæsthetic effect as to take away almost all the pain which would otherwise harass and distress the patient. This is a little point, but one which, if observed, relieves considerable suffering. The parts will be protected, as in the last case, by the ordinary patent lint and carbolic oil dressing, which will be covered with waxed paper, and secured in place by adhesive strips.

During the period of inflammation, in spinal lesions of this character, the bromide of potassium is indicated, but later on in the affection strychnine

nia is the agent upon which most reliance is to be placed.

Epithelial Cancer, and its Treatment by Chromic Acid.

This man has an epithelial cancer, which is of twenty years' duration. It is situated, as you see, in a somewhat singular position, being in the temporal region, near the outer canthus of the right eye. The most common site for an epithelial cancer is at the junction of the skin with the mucous membrane, as upon the lip, etc. But this case seems to have deviated a little from the general rule, inasmuch as the cancerous growth appears to be confined to the skin without involving the mucous membrane at the outer canthus of the eye.

The man has been treated in a variety of ways, and had a number of local applications made to the affected part, but has received, as yet, little or no relief from any of them. What I propose to do in this case is to destroy the cancerous tissue by successive applications of the most powerful escharotic which we possess. This agent is chromic acid. It is a most powerful agent for the destruction of cancerous tissue. It destroys by rapid oxidation, and its power of decomposition is out of all proportion with its chemical action. The pure acid is prepared for application by diluting the crystals just enough to render them liquid, so as to permit of ready application with the brush. It is then applied to the margin of the cancerous growth, upon all sides, and the application is repeated from time to time, as the case may demand. In this way the morbid growth is gradually encroached upon, so that, in time, I hope to decrease its size, as well as greatly relieve his present sufferings.

Success of Iodide of Potassium and Aconite in the Treatment of Thoracic Aneurism.

Many of you will, no doubt, remember this man (aged 40 years) as our case of thoracic aneurism, who came into the house and was presented before you two months ago. It was an aneurism of the transverse, and perhaps also of a portion of the descending aorta. Prior to his coming into the house he was unable to do any work, except now and then for a day or two at a time. On admission, his general health was considerably broken down, and the tumor was of a large size. It was a displacing and invading mass. It had worn upon the intercostal car-

tilages, until there was a slight bulging over the seat of the tumor, a little to the left of the sternum. All the characteristic symptoms and physical signs of thoracic aneurism were present; but my object in bringing him before you to-day is to show the results of treatment. He was put upon the iodide of potassium in gradually increasing doses, beginning with five grains, three times a day, and gradually increasing the dose, until now he is taking three drachms, morning, noon, and night, without producing iodism. He was also given aconite, as an adjuvant to the iodide of potassium, in much the same manner; beginning with one drop of the tincture of the root, and gradually increasing the amount to five drops, three times a day. These are large doses to be given without their producing the characteristic constitutional effect. But the tolerance which the system acquires when these agents are continuously administered in gradually increasing doses is at times really remarkable. His diet, too, has been regulated, and his manner of living changed. His diet has been fair, as regards quantity, but made up of substances which do not tend to fatten. Its composition is mainly albuminous or nitrogenized articles of diet, with a careful avoidance of all kinds of stimulants. He lives as quiet as possible, lies down a great deal during the day, and keeps himself free from any excitement. Rest is a very important element in the treatment of this class of cases.

Under this plan of treatment the man's condition has very much improved. He has been slowly increasing in strength; there has been a marked improvement in his general health, and apparently the aneurismal sack is being gradually occluded. In other words, the aneurism is being cured by a consolidation of the sack.

Just how iodide of potassium acts in aneurism we do not know, but we do know the fact that it exerts a powerful curative influence over many of these cases. It acts more potently, perhaps, in cases of specific origin; in those cases which occur in conjunction with the existence of secondary and tertiary syphilis, than where no such history exists. But irrespective of this the iodide of potassium has proved itself eminently serviceable in many cases where there is no specific history. This man denies ever having had syphilis, and his case is surely markedly benefited by this plan of treatment.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Symptoms of Croup.

Dr. J. Moir writes, in the *Edinburgh Medical Journal*—

Of course, all the symptoms hereafter mentioned do not occur at once or altogether in every case, or perhaps in any case of the malady, for many may be absent or occur differently in different

cases; still, one or more is always present, sufficient to indicate the nature of the attack, so that with little loss of time the proper means may be used to get rid of the false membrane and to alleviate such other symptoms as may be likely to require either the ordinary or special treatment.

Croup usually comes on in the night, and is generally quite sudden in its onset; or a day or two before the attack the child is languid and fretting, inclined to sleep, with the eyes full and

heavy, and there is cough, which, from the first, is of a peculiarly shrill character, and in a day or two becomes more violent and troublesome, as well as much shriller. The symptoms of true sporadic croup, however, differ materially in this point from spasmodic croup—laryngismus stridulus (the affection for which it is most apt to be mistaken, or *vice versa*)—in that in this affection the respiration itself is not difficult from the very beginning, whereas in spasmodic croup this is invariably the case. In the spasmodic croup fever and inflammation are not present, there is no hoarseness, it is intermittent, the breathing is quite free during the remissions, there is no sonorous sound in the windpipe during sleep, the glands of the neck are often swollen; in all these points, and also in the treatment, it differs most essentially from true croup. Not to mention others, Dr. Marshall Hall, and Dr. F. Pauli, Wurzburg, have given good descriptions of this laryngismus stridulus, or child-crowing.

There is in croup more feverishness and hoarseness than in catarrh, and the patient is more severely agitated by every attack of cough; the face swells and flushes, and the eyeballs protrude; the frame trembles all over; and at the end of each coughing fit there is a sort of convulsive and noisy effort to renew respiratory action. As the malady increases there is greater difficulty of breathing, accompanied with much pain, and usually or occasionally slight swelling and inflammation of the tonsils, uvula, and velum palati; but the fauces are not usually swollen in this affection, at least not to any extent, such as is the case in laryngitis. Then we have a feverish expression; the countenance is very much injected; and the head is thrown backward in agony, to escape the danger of suffocation. We have also not only an unusual brassy or ringing sound produced by the cough itself, but after either the expiration is of a ringing kind, and inspiration is performed with a hissing noise, as if the windpipe were filled up with some light, sponge-like substance, producing the characteristic crow, like the crowing of a cock, or, as some have said, like the sound of a piston forced up a dry pump. The cough is generally dry, harsh, and brassy; the voice either entirely lost or much altered, with great dyspnoea; no expectoration, or if anything is spat up, it is generally pus-like, or oftener filmy shreds, resembling pieces of a membrane. But where, from great nausea, there is frequent vomiting, coagulated membraniform matter is thrown up along with glairy mucus, and sometimes streaks of blood, though the latter is most unusual. Combined with these characteristic symptoms, as they may be called, we have great thirst, uneasiness, and a feeling of heat and increase of temperature all over the body, extreme restlessness and disinclination to remain in one position or place, with frequency and hardness of the pulse.

Sometimes, but not so frequently as in spasmodic croup, the symptoms undergo slight remissions and exacerbations. There is usually no difficulty in swallowing, though deglutition undoubtedly may aggravate the symptoms, especially in an advanced stage of the disease. In the advanced and in the last stages of the disease we have the pulse irregular or intermittent, the

respiration becoming more stridulous, and being performed with still greater difficulty, with spasms of ineffectual coughing, constantly increasing obstruction to the breathing, tossing, anxiety, and extreme suffering, finally succeeded by gradual insensibility or convulsions, followed by death after an inspiration.

Causation of Septicæmia.

M. Colin, of Paris, read before the Academy of Medicine of that city a paper on the above subject, of which the following is a résumé (given by the *London Medical Record*): "Putrid material, according to its quantity and degree of alteration, exerts a variable action on the animal organism. In a large dose it determines a rapid and invariably fatal poisoning, which causes no marked alteration in the blood beyond a tendency to incoagulability, and is not associated with the reproduction of proto-organisms. In cases of this kind the injected fluid fails to communicate any kind of virulent property either to the blood or to any other juice of the economy. In reduced quantity the animal fluid gives rise to an adynamic febrile condition, which varies in intensity according to the nature of the animal. If this condition proves fatal, it is so through the production of visceral lesions, and through changes in the blood. Reproduction of proto-organisms takes place, at least in those parts where the putrid agent has been deposited, and frequently throughout the whole mass of the blood. Certain putrid fluids that have not undergone much alteration, such as blood mixed with products of intestinal transudation, decomposing blood of an animal affected with charbon, peritoneal serosity removed some time after death, may alone, when injected in extremely minute quantities, determine septicæmia transmissible by inoculation, after the manner of the majority of virulent affections. Here there is always virulence of the fluid and reproduction of the proto-organisms introduced from without."

The Effects of Tobacco.

Dr. C. R. Drysdale writes to the *Medical Press and Circular*—

My own experience of the evil effects of great tobacco smoking and chewing, is that these are among the most prevalent causes of chronic disease in the male sex. Of course, I do not mean for one moment to compare the dangers caused by the use of tobacco with those we are so familiar with at the bedside, in cases of diseases caused by alcohol. Tobacco does not cause cirrhosis of the liver, nor disease of the lungs and heart, in the same way, or with the same frequency as chronic tipping does. But there are, nevertheless, several well-marked diseases caused by the taking in of nicotine into the blood, whether through the absorbents of the mouth in smoking, or, more rapidly, in the case of chewing. First of all, the digestive organs are often greatly impaired by the use of nicotianæ tabacum. The teeth are frequently blackened, and the gums swollen in great smokers and chewers. Caries of the teeth is favored by the various acids produced by the burning of tobacco,

and mingled with the saliva. Duskiuess of the fauces, and relaxed sore throat, are far too prevalent among smokers, as good observers have long noticed. Dyspepsia, caused by nicotine, is so common as to be hardly worth referring to. Diarrhea, or more frequently, constipation, is induced by the use of tobacco in many instances. And I must not omit, in passing, the remark that the *male sex* who smoke are alone, with the very rarest exceptions, the subjects of epithelioma of the lip. I once saw such a case in an old Irish woman, who was a constant pipe smoker.

With regard to the nervous system, the weakness of vision produced by nicotine is a constant trouble to youthful smokers. Mr. George Critchett has remarked that among wealthy young men weak sight is very frequently indeed caused by their extravagant addiction to cigars and pipes. Tobacco amaurosis, too, is far from rare. In very young men, the use of nicotine is peculiarly inimical to intellectual improvement. Thus, M. Joly found that in the Polytechnic School at Paris the non-smoking students carried off the very great majority of the prizes for Mathematics; and Dr. Kostrak, physician to the State factory of tobacco, of Austria, shows how nicotine poisoning often kills the young boys of the factory, and causes abortions in the young mothers, and death of infants at the breast, through the nicotine contained in their mother's milk.

Tracheotomy in Membranous Croup.

In the *Lancet*, Mr. Parker, writing on this subject, comes to the following conclusions:—1. Tracheotomy ought to be performed in membranous laryngitis as soon as there is recession of the chest walls. The higher operation is preferred, as the more easy, in children. Chloroform may be safely administered. 2. In every case the trachea and glottis ought to be thoroughly cleared of all foreign matters, whether membranous or mucous, before the introduction of the tube, and frequently after that. 3. The largest-sized tube ought to be employed which can be gotten into the trachea without actual violence. Its tracheal part ought to be freely movable. 4. The curve of the tube ought to be made in the form of a quarter circle (resembling more a Gothic than a Roman arch), for those generally in use impinge almost necessarily on the anterior portion of the trachea, and may there easily lead to ulcerations. More mischief is done, in the author's opinion, by "ill-fitting" than by "rigid" tubes, but Marrant Baker's flexible tubes are not directly opposed. 5. Besides the frequent mechanical clearing after the operation, which is again most distinctly demanded, steam is to be employed for this purpose, to which solvent, astringent, antiseptic remedies (creasote, carbolic acid, benzoine, soda, etc.) may be added with advantage. The paper concludes thus, "The presence of membrane in the trachea in a fatal case of membranous laryngitis, after tracheotomy, must be regarded as evidence of the want of due care on the part of the surgeon in charge, just as much as would the presence of a piece of gut in the inguinal canal

after herniotomy, or a calculus in the bladder after the operation of lithotomy."

Vieirin or Vieiric Acid.

The *American Journal of Pharmacy* says:—Vieirin is a bitter principle, isolated from the bark of the root of *Remigia ferruginea*, D. C. (*Cinchona ferruginea*, St. Hil.), and was first introduced and recommended by Dr. Vieira, in the treatment of scrofula and rachitis. It is made by mixing the powdered bark with half its weight of hydrate of lime, extracting with boiling water, treating the filtrate with hydrochloric acid and the resulting precipitate with animal charcoal. When fresh, it is white, and possesses the pleasant odor of *quina de campo*; on exposure to the air it turns yellow, and when dry possesses scarcely any odor. It is heavier than water, insoluble in ether, water, and the volatile oils, scarcely soluble in fatty oils, but soluble in alcohol and chloroform. Tinctura Vieirine is a solution of one part vieirin in ten of alcohol. *Syrupus Vieirine*, or *Syr. calcii vieirinatis* consists of 3.0 hydrate of calcium, 3.0 vieirin, water and sugar, of each sufficient to make 300.0 of strained syrup.

Use of Chloroform in Diseases of the Heart.

On this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful, and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Société Médicale des Hôpitaux, three principal points are established. 1. That the existence of heart disease does not contraindicate the use of anesthetics. 2. That chloroform is a sedative in this class of diseases. 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnoea and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterized by dyspnoea and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.

Hypodermic Use of Quinine.

In an article in the *Richmond and Louisville Medical Journal*, Dr. John R. Morton writes:—

In reference to the salts of quinine, it has become a very common occurrence to use them hypodermically. Especially has the sulphate been used in congestive malarial diseases. The muriate of quinia is the most soluble, and we think the best to use by this method of administration. To use the sulphate successfully, and at the same time avoid the resulting abscesses so common after its use, I generally dissolve thirty grains of quinine in two scruples of water, with the addition of fifteen or twenty drops of hy-

drochloric acid, and give from three to eight grains at one injection. I have treated several cases of pernicious fever myself—commonly called congestive chills—in my practice at Union City, Tenn., and witnessed many cases likewise treated in the New Orleans Charity Hospital clinics, always successfully, excepting one case, which had been in a comatose condition several hours previous to its entrance into the hospital, and the heart's action had about ceased before anything could be done for it. At this juncture I cannot omit the notice of the use of brandy or spirits hypodermically in certain kinds of cases, and I firmly believe that, during my checkered practice, I have really saved the lives of several patients by the timely administration of stimulants into the circulation, through the medium of the hypodermic syringe.

Antiseptic Treatment of Empyema in Children.

Dr. Göschel relates, in the *Berliner Klinische Wochenschrift*, for December 23d, four cases of empyema, occurring in children aged respectively 1, 3, 3½ and 4 years, in which he treated empyema by making incisions, three centimeters (1.2 inch) long, in an intercostal space (generally the sixth), under the carbolic acid spray, allowing the pus to escape, and then introducing drainage tubes and applying Lister's antiseptic dressing. Chloroform was given to all except the youngest child. Dr. Göschel sums up as follows:—1. In slight cases of empyema in children, incision under Lister's antiseptic precautions is quite as quickly performed and as free from danger as paracentesis, while it is also less productive of trouble and more likely to lead to recovery. 2. In advanced cases incision alone is indicated; and, performed under Lister's method, it is free from danger and from all trouble to the children. As washing out the pleural cavity with disinfectant solutions is unnecessary, there is no danger of poisoning with carbolic acid. 3. Fever is more surely avoided by employing Lister's method in the after treatment than by the open dressing with washing of the pleura. The general condition improves rapidly. 4. When washing out of the cavity is avoided, the secretion diminishes more rapidly. 5. The introduction of ordinary drainage tubes is sufficient; metallic canulae and resections of portions of the ribs are superfluous.

The Diagnosis of Myocarditis.

The *British Medical Journal* says—Dr. H. Ruhle (*Deutsches Arch. für Klin. Med.*, Band xxii) has had the opportunity of observing a considerable number of patients with what he diagnosed to be diffuse chronic myocarditis, and in which the post-mortem results often verified the diagnosis. By Koster's plan of the usual method of making vertical sections of the heart in this way, the existence of myocarditic foci is proved. If these foci be not very large or numerous, they generally are found on the surface, their places of predilection being either the lower two-thirds of the anterior surface of the left ventricle, or the superior two-thirds of

the posterior surface of the same ventricle; but they are also often found in the papillary muscles, especially in the left papillary muscles of the bicuspid valve. Hence, these changes occur principally in the left ventricle. During their lifetime the patients present the symptoms of an uncompensated valvular disease; the left ventricle cannot do its work, and the pressure rises in the venous system. Accordingly, we meet with œdema, hyperæmia, and hemorrhages in different organs, dyspnoea, digestive troubles, and decrease of urine. The dullness of the heart is enlarged in most cases, especially toward the left. The apex beat can be felt at first, but it is very irregular as to strength, and disappears altogether at a later period. The sounds of the heart are clear, but the first is generally indistinct, and the second, over the aorta, very weak. A systolic murmur is often heard at the apex of the heart, but its sounds are quite irregular in strength and succession. The pulse beats corresponding to the heart are irregular and unequal, which is a characteristic symptom of chronic diffused myocarditis. The prognosis of the disease is always unfavorable, and more so if the diuresis be sparing. Ruhle's treatment of this disease is as follows:—During the first stage the patient must be kept quiet, eat milk food, apply ice to the region of the heart, take iodide of potassium, and eventually digitalis. During the second stage the patient is treated with digitalis and stimulants (e.g., wine, beef tea, ether tinctures). Notwithstanding all these means, however, Ruhle never succeeded in making the pulse regular, even for a short time.

Chrysophanic Acid.

A writer in the *Chemist and Druggist* says—Chrysophanic acid ointment has been much vaunted as a remedy for psoriasis, but it is so very irritating that it requires great caution in its use. The first case in which we saw its effects was in hospital practice. A woman with psoriasis about the arm and shoulder was told to apply the ointment, but returned much disgusted, in a day or two, to say that her linen was spoiled, and it was found stained of a deep, dark purple color, and, in addition, there was severe erythema extending from the seat of disease up the arm. The ointment was discontinued, and the irritation soon subsided. In another case the ointment was applied to a patch over the knee; it caused erythema all around the part affected, and gave rise to conjunctivitis, which lasted two or three days, but in each case the local disease was removed. It is also said to turn the hair a peculiar purplish-brown tint and to stain the skin, but Dr. Balmanno Squire states that this may be removed by benzol.

Warm Fomentations to the Head in Cases of Uterine Hemorrhage.

Dr. Koehler (*Allg. Med. Central-Zeitung*, No. 1, 1879) states that he has, for the last seven years, in cases of uterine hemorrhage, applied warm fomentations to the head, to prevent anæmia of the brain, and also to the heart. Hot

sand bags are also very efficient, and the patients often will bear sand which is so hot that it can scarcely be touched with the hand. As soon as the fomentation or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased, and that she likes the appliance. As soon as it becomes cooler, she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in the most dangerous cases of hemorrhage by this proceeding, by which the physician never loses time, as the fomentations may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hemorrhages produced by wounds, etc.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A poetical medical address is an unusual event; a *good* poetical address is as rare as a black swan; but without hesitation, we apply that adjective to the Valedictory Address to the graduating class of the Jefferson Medical College, delivered by Dr. J. Aitken Meigs, Professor of the Institutes of Medicine and Medical Jurisprudence. It is something over five hundred lines in length, of varying meter, redolent with choice learning, masculine in sentiment, and in earnest and solid English. The author's name is familiar in more than one branch of science; but the true poet's power which he here displays will be a revelation to many of his friends.

—Dr. Edward C. Mann, of New York, is one of our most careful students of diseases of the mind; and two papers recently published from his pen will command the attention of students of this branch. They are, "The Nature and Treatment of Inebriety and the Opium Habit;" and "Insanity, its Etiology, Diagnosis, Pathology and Treatment."

BOOK NOTICES.

Epitome of Skin Diseases, with Formulae for Students and Practitioners. By Tilbury Fox, M.D., F.R.C.P., etc., and T. C. Fox, M.B., etc. Second American edition, enlarged and revised. H. C. Lea. Small 8vo, pp. 216.

Dr. T. Fox and his son are prominent among the London dermatologists, and the condensed form of this joint work has given it a certain measure of popularity not always obtained by more elaborate treatises. The present edition is considerably larger than the last, although still a

small book. It seems especially adapted for students, who generally form rather a vague idea of diseases of the skin, and who will here find well marked lines of diagnosis.

Hygiene of the Brain, and the Cure of Nervousness. By M. L. Holbrook, M.D. 8vo, pp. 279.

Aids to Family Government. By Bertha Meyer. Translated from the second German edition by M. L. Holbrook, M.D. 8vo, pp. 208.

Both these works are published by M. L. Holbrook & Co., New York city, and are contributions to the sanitary and philanthropic literature of the day. While indulging in some peculiarities, and riding some hobbies, the author and translator also urges many sound principles for the proper government and education of the individual and the family. Those foes of health, alcohol, tobacco and worry, receive the condemnation they deserve. The first mentioned book has, as an appendix, a number of letters from aged persons of distinction, setting forth their rules of work and personal habits; and to the translation is added an Essay on the Rights of Children, by Herbert Spencer.

Transactions of the American Medical Association, Vol. xxix.

This is the largest annual volume which the Association has published, containing nearly 1200 pages. About 250 of these are occupied by the prize essay by Dr. John A. Wyeth, of New York, upon the surgical anatomy of the arteries of the neck. The report on American medical necrology, by Dr. John Toner, is also unusually full, covering about 70 pages. The lists of members, code of ethics and proceedings also cover much space, so that the number of scientific papers presented is not much beyond the usual quantity. They are well distributed over the different branches of medicine, surgery and gynecology being the most prominent. Thus, on the latter branch we find papers from Drs. E. W. Jenks, T. Parvin, T. A. Reamy, H. B. Storer, L. F. Warner, J. C. Irish, G. J. Engelman, A. H. Smith, W. W. Munson, and E. Wallace; while among the surgical contributors are Drs. A. N. Blodget, A. C. Post, F. Hyde, C. C. F. Gay, F. H. Hamilton, H. O. Marcy, T. A. McGraw, B. A. Watson, J. F. Miner, E. M. Moore, J. T. Carpenter, H. A. Martin, J. H. Weeks, and H. A. Smith.

These articles are generally the result of careful original observations, and a comparison of this with previous volumes cannot fail to give a favorable impression of the increasing interest taken by the profession in the Association.

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 A WEEKLY JOURNAL,
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D. G. BRINTON, M.D., EDITOR.

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**THE PROGRESS AND VARIETIES OF
 CREMATION.**

The problem of the disposal of the dead still continues to be a subject of interesting discussion in the European journals. Cremation seems slowly progressing in favor. The first official act of the kind in Germany—that of the corpse of an engineer named Stier—has lately taken place at Gotha. The *Gazette Médicale de Paris* says the ceremony, which excited a great sensation in Germany, was organized by the Protestant clergy, according to the customary proceedings at an ordinary interment. The hearse was followed by the relatives of the deceased, by Baron Seebach, a State official, the Municipal Council, representatives of the Press, and a crowd of strangers from London, Amsterdam, Berlin, and St. Petersburg. At the church, after the chants, sung by a choir of children, the Dean of the Clergy of Gotha pronounced a funeral oration, in which he pointed out that he attended in order to give a public and solemn assent to the principles of the system of cremation, and to declare that he could not see in it anything contrary to

the letter or the spirit of the Gospel, there being nothing in either the Old or New Testament to forbid it.

The crematory near Milan has been used a number of times, and meets with general approval. The enlightened Emperor of Brazil is also an advocate of this method in certain cases. The *Gazeta Medica*, of Bahia, states that in one of the cemeteries of Rio de Janeiro—that of S. Francisco Xavier—the Government has decided to erect furnaces for the cremation of persons who may express a wish that their bodies shall be disposed of in this way. The *Gazeta Medica* remarks on this that, while cremation is obviously preferable to inhumation, on hygienic grounds, it is not consonant with the religious views prevalent in a Catholic country like Brazil, a remark that appears wholly unfounded, except so far as those religious views are distinct from Roman Catholicism.

In England a small building and furnace have been erected at Woking, in Surrey, and cremation is about to be practically demonstrated. Nothing better illustrates the prejudice, false sentiment, and narrow-mindedness of the English, than the opposition this project has met with. The residents near Woking have been much perturbed at the idea, but the *Engineer* states that there will be nothing offensive or repulsive; the building and furnace are not near any dwelling house; they will be hidden from view by a circle of trees; and only by sight will their proximity be detected.

That the *bourgeois*, the Philistines, should have set themselves against the method, would not have surprised us. The wilful ignorance and senseless prejudice of that class, in every country, is great; but that the leading medical journals should oppose it is a sad sign of how small the English mind is, even in its better examples. The *Lancet* condemns the experiment in unmeasured terms; it hopes that "nothing so imbecile as an adoption of the heathen practice of burning the dead will be tolerated in England." It goes on to say: "Time changes many things, but we question whether it has yet so completely obliterated the sense of decency as to enable the

people of this country to tolerate the notion of burning their dead;" and it actually calls upon the government to put a stop to the undertaking.

After this outburst of folly from a once leading and prominent medical journal, need we be surprised that the English public are rapidly putting a veto on vivisection, on taking casts of criminals' heads, on physiological experiments, and are preparing to do so on the use of unclaimed bodies for anatomical purposes? We need not be surprised at it, nor shall we have half so much cause to regret it as we thought we had; for if such stuff as above quoted is acceptable to English medical men, they are scientific men no longer.

A modified form of cremation which has been suggested is one which has long been prevalent in Spanish countries, and that is by the use of quicklime.

Those who read Dickens' unfinished novel, *Edwin Drood*, will remember how the old mason, Durdles, pointed out to Jasper a pit of quicklime in the cathedral yard, and said, "Here is what will burn you, boots and all. Yes, with a little handy stirring, bones and all." This method used to be often employed in jail yards, to dispose of the bodies of criminals; and it has been extensively pursued by the Jewish communities. In their plan the lime is placed in the shell, and the process of destruction expedited by pouring a few buckets of water over the coffin, no leaden casing being employed and access for the fluid being allowed. It is contended that the chemical change set up is, in fact, "cremation," without any of the sensational or other disadvantages attending the use of fire. The proposal to adopt this process generally is entitled to some consideration. It obviates the worst perils of the earth system of disposal and depuration. And it might be improved and developed to a more complete and cheaper process than that of burning.

In this country, for the present, there is plenty of room in most localities to bury the dead; and such being the case, no other plan need be considered. But in periods of pestilence, and in great cities, where the cemeteries are remote, and are rapidly filled, the

adoption of cremation would be desirable. There is, however, no near prospect of its adoption; and the only crematory in the United States, that erected at Washington, Pa., has, we hear, been turned into a factory for canning fruits!

NOTES AND COMMENTS.

Extension of the Eucalyptus Plantation.

A London paper states that in Algeria two millions of these trees have been planted in different parts of the country; but this not being enough, a company has been formed for the purpose of planting a large additional area, while the French Government has granted a subvention in aid of the project. In Corsica, more than a million trees have been planted; but, according to the *Daily News*, it is in Italy and Cyprus that just now the most interesting experiments are being made. Prince Troubetkoy, who has taken up this matter energetically in Rome, says that careful observation has brought him to the conclusion that the *eucalyptus amygdalina* is the most useful variety of the tree. It is not only picturesque, but of exceptionally rapid growth; plants grown in pots, and replanted at the age of six months, have attained in eight years a height of seventeen meters. Moreover, its leaves contain six times as much volatile oil as those of the *eucalyptus globulus*. The Prince adds that this kind grows as well in a damp as in a dry and exposed soil; and also, that it bears cold very well, seeing that at his villa, in the neighborhood of Rome, it resisted a temperature of six degrees below zero, Cent. (21 Fahr.).

Amount of Quinine Used.

Mr. Robbins, in an address lately delivered in New York, states that sulphate of quinine takes precedence, in point of importance, over every other medicine used in the United States. The first rank is generally assigned to opium, but the total consumption of this drug, including its use as an intoxicant as well as a medicine, does not exceed 220,000 lbs. per annum, and the value in bond of this may be taken to average \$4 per lb., or rather less than \$1,000,000 annually. The yearly consumption of quinine in the United States has been computed at 800,000 oz., which, at an average of \$2.50 per oz., gives a total of \$2,000,000 per annum. If cinchona and all its alkaloids were taken, the excessive importance of that drug would be still more striking.

Therapeutical Notes.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself. In the first case in which he applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

QUINIA IN OBSTETRICS.

A correspondent of the *Louisville Medical News* says that, in his experience, puerperal fever, abscess of the breast, phlegmasia dolens, and the like, may be prevented with almost absolute certainty by the administration of quinia prior and subsequently to childbirth. Iron is often a valuable ally of quinia, and should be used freely.

ARSENIC IN HEART DISEASE.

An English physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, and in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration, and this in spite of the fact that recent experiments tend to show that fatty degeneration of the heart is one of the results of feeding animals with arsenical preparations.

Alleged Cure for Intemperance.

Dr. d' Unger, of Chicago, it is reported, has discovered a cure for intemperate habits. The medicine is red Peruvian bark (*Cinchona rubra*), designated by druggists "quill bark," because it comes from twigs about the size of a quill. A pound of this bark is reduced to powder, and soaked in a pint of diluted alcohol. It is then strained and evaporated down to half a pint—that is, a pound to a half pint. The inebriate is given a teaspoonful of the medicine every three hours, and his tongue occasionally moistened between the doses during the first and second days. The third day the dose is generally reduced to half a spoonful, then to a quarter of a spoonful, and gradually lessened to fifteen, ten and five drops. This treatment is continued for from five to fifteen days, and in bad cases to thirty days; the average is about seven days. Dr. d' Unger, it is stated, has cured nearly 3000 cases of the most depraved forms of intemperance by this new remedy. Moreover, it ap-

pears to be engaging the attention of physicians and temperance advocates of Chicago. One common effect produced by it is a subsequent strong dislike to liquor in any form.

Sound Doctrine in Therapeutics.

The editor of the *Louisville Medical News* uses the following language, which merits literal quotation, for its sterling sound sense:—

We would fain impress upon the minds of our readers the doctrine that medical men, in their practice, their teachings and sayings, and in their writings, should be guided more by the solid facts of their every-day experience than by the delusive theories of physiological and chemical experimentation. We believe nearly all that is positively known concerning the action of medicines and their adaptation to the treatment of disease is the fruit of patient toil and laborious investigation at the bedside of the sick. We would rather have the opinion of a wise and careful observer concerning the management of a given malady, ignorant though he may be of physiological experiment, than of him who goes to the bedside biased by notions picked up in the chemical or physiological laboratory.

CORRESPONDENCE.

Alcohol vs. Diphtheria.

ED. MED. AND SURG. REPORTER:—

In your issue of March 1st I note an article over the name of one J. B. Washburn, M.D. What reason has he given for attempting to discredit my claim to have made, in 1860, the important discovery mentioned; or to have been the first (in 1873) to make known to the world the fact that alcohol is, when properly used, an antidote, in the full sense of that term, to the poison of diphtheria? If he understands Oertel to affirm that alcohol, or any other article of the *Materia Medica* mentioned by him, is, in the usual sense of that term, an antidote to the poison of diphtheria, certainly no such language is used by him, and no such inference deducible from any legitimate construction. I claim that in 1873, October 18th, I announced to the medical world, through the *MEDICAL AND SURGICAL REPORTER*, of Philadelphia, the fact that had never before been enunciated by any one on either continent, viz., that alcohol, when commenced early in the course of the disease, and administered freely and rapidly, as per my formula, is an unfailing remedy for diphtheria. If Dr. W. will produce any such authoritative claim made by any one prior to 1860—at the time of discovery—or 1873—at the date of publication—I will quietly subside, only still affirming my discovery to be original. I have no objection to the Dr.'s preference for chlorine water; but must be per-

mitted to say that if the learned Oertel is his guide in using alcohol, I am not surprised that he is not partial to it, and that he frankly admits "he knows no remedy that will cure every case, etc." I have never claimed to have cured, or to be able to cure, every case. I have ever claimed, as a *sine qua non* to success, early (the earlier the better), prompt and free use of the remedy, without intermission, till the crisis has passed; and then to continue for days—even after apparent recovery. Thus applied, my plan of treatment always obviates that croupal stage, as well as that extreme adynamic condition which, alike, are almost necessarily fatal. Herein lies the secret of successful treatment, as with all antidotal remedies. By reference to the *Michigan Medical News* of Nov. 25th, 1878, Dr. W. can see the treatment I practice. As to diagnosis, and especially membranous croup, I have the pleasure of informing him that I recognize no such disease, except it be of diphtheritic origin. If he will turn to the *REPORTER* of Nov. 7th, 1876, he may see that therein I declare my full concurrence in the views of Sir Wm. Jenner, Dr. George Johnson, and others of England, that "laryngeal diphtheria and membranous croup are identical."

I deny that false membrane is a product of inflamed mucous surfaces, except the inflammatory action is specific. If this proposition is not true, why do we not have false membranes in cases of ordinary nasal catarrh, pharyngitis, bronchitis, gastritis, cystitis, vaginitis, urethritis, etc., as may occur from diphtheritic poisoning? No reason is known to me, nor am I aware of any grounds upon which to base one, why the mucous membrane of the larynx and trachea should claim, or be awarded the monopoly of manufacturing false membranes from ordinary inflammatory action, which only produces everywhere else increased mucous secretion, ulceration, etc.!!

This paper I have aimed to make sufficiently explicit and definite, that there may be no further misunderstanding or misrepresenting my position.

J. H. NOWLIN, M.D.

Rome, Ga.

Treatment of Cystitis, with Retention of Urine, by Injections of Tannic and Salicylic Acids into the Bladder.

ED. MED. AND SURG. REPORTER:—

I have given these remedies a fair trial in cases of this kind, and obtained very satisfactory results, especially in the aged, where, generally, the retention is accompanied with atony of the organ. The more violent the inflammation the more apparent are the good effects of these injections; especially is this the case where diffuse suppuration has set in, with dark brown or black fetid urine, which I have seen change, within twenty-four hours after using the injection, to an almost normal appearance, and the patient making a rapid and good recovery. After catheterizing the patient, I inject the bladder with from four to six ounces of warm water (temperature 90° Fahr.) by applying the nozzle of an ordinary syringe to the end of the catheter. Allowing this to pass off, I repeat the

same operation until the water comes away without much debris, when I inject a solution of ten grains of tannic and two of salicylic acid in four ounces of water, retaining it ten or fifteen minutes, then removing it and again washing the bladder out with warm water, to prevent the hardening of blood or mucus by the acids.

S. F. GILBERT, M.D.

Elysburg, Pa., February 26th, 1879.

Irish Potatoes and Diphtheria.

ED. MED. AND SURG. REPORTER:—

In your editorial remarks in the number of the *REPORTER* for March 1st, 1879, on epidemics of diphtheria occurring in the Gulf States, in districts where the Irish potato was not used as an article of diet, either white, red, yellow, purple or blue, you are entirely correct, which can be substantiated by quite a number of practitioners in those districts.

I have gone through two epidemics in this region; in four families averaging three cases to each household; there had not been eaten a single Irish potato for over a year. Apropos of this subject, cold to the throat, constantly applied, if necessary, by bladders of pounded ice, is the best application in diphtheria, and the principal treatment required; of course, in connection with some antiseptic and sustaining systemic treatment. The reasons for its use are fully explained in an unpublished paper written by the writer over a year since, and read before the Central Kentucky Medical Association, which may yet appear. J. P. THOMAS, M.D.

Pembroke, Ky.

NEWS AND MISCELLANY.

The American Medical Association.

The thirtieth annual session of the American Medical Association will be held in the city of Atlanta, Ga., commencing Tuesday, May 6th, 1879, at 11 A.M. The officers of the Sections are—
I. Practice of Medicine, Materia Medica and Physiology—Dr. Thomas F. Rochester, of Buffalo, Chairman, and Dr. W. C. Glasgow, Secretary.

II. Obstetrics and Diseases of Women and Children—Dr. E. S. Lewis, Chairman.

III. Surgery and Anatomy—Dr. Moses Gunn, of Chicago, Chairman; Secretary, Dr. J. R. Weist.

IV. Medical Jurisprudence, Chemistry and Psychology—Secretary, Dr. L. M. Eastman, of Baltimore.

V. State Medicine and Public Hygiene—Dr. J. S. Billings, of Washington, Chairman; Dr. J. T. Reeve, Secretary.

VI. Ophthalmology, Otology and Laryngology—Chairman, Dr. W. Knapp; Dr. X. C. Scott, of Ohio, Secretary.

Committee on Prize Essays—Dr. Robert Battey, of Rome, Ga., Chairman.

Other committees are to report. The Permanent Secretary will acquaint the profession, at the earliest moment, with arrangements with railroad trains.

MEDICAL COLLEGE COMMENCEMENTS.

Woman's Medical College.

The commencement exercises of this College were held on March 13th, presided over by T. Morris Perot, president of the Corporators. After music and prayer by the Rev. D. O. Kellogg, D.D., Mr. Perot conferred the degrees, and Professor Clara Marshall M.D., of the Chair of Materia Medica and General Therapeutics, delivered the valedictory address. The following are the names of graduates, with the States from which they came:—

M. Alice Avery, N. H.; Emma A. Baldwin, Ill.; Harriet G. Belcher, N. J.; Sarah A. Cohen, Pa.; Martha M. Dunn, N. Y.; H. Louisa Exton, N. J.; Phebe H. Flagler, Pa.; Eleanor E. Galt, Sophia E. Howard, N. Y.; Agnes Kemp, Anna S. Kugler, Pa.; Rachel J. Nicol, Ill.; Julia P. Pease, Vermont; Sophia Presley, O.; Ida E. Richardson, Almina F. Rhodes, Louisa Schneider, Pa.; Lucy R. Weaver, R. I.; Mina Fitch Wood, N. Y.; Mary H. Wolfenden, Mass.

The Professorship of Materia Medica and Therapeutics at the Jefferson.

Dr. Roberts Bartholow, of Cincinnati, who for some years occupied the chair of Materia Medica and Therapeutics in the Medical College of Ohio, in that city, has been elected to succeed the late Professor John B. Biddle in the same chair at the Jefferson Medical College. He is well known to the profession, from his work on Materia Medica, and from his numerous essays on therapeutical subjects. The selection is a good one, and, no doubt, will inure to the prosperity of the college.

Extracts from the Bulletin of Public Health Issued by the Surgeon General U. S. Marine Hospital Service, Week Ended March 15th, 1879.

Boston.—Week ended March 15th. Deaths from all causes 159; an annual ratio of 22.6 per 1000 of the population. 16 cases of scarlet fever, 5 deaths; 22 cases of diphtheria, 4 deaths. Bronchitis caused 18 deaths; pneumonia 18; phthisis 32.

New York.—Week ended March 15th. Total deaths 604. Annual ratio 28.8. Scarlet fever caused 54 deaths; diphtheria 12; enteric fever 4, pneumonia 81, bronchitis 28, whooping cough 16, phthisis 104.

Pittsburgh.—Week ended March 15th. Total deaths 54. Annual ratio 12.5. Enteric fever caused 1 death, scarlet fever 1, diphtheria 5.

Baltimore.—Week ended March 15th. Total deaths 135. Annual ratio 19. Enteric fever caused 8 deaths, scarlet fever 7, diphtheria 4, bronchitis 11, pneumonia 13.

Chicago.—Week ended March 15th. Total deaths 156. Annual ratio 17.8. Enteric fever caused 2 deaths, scarlet fever 5, diphtheria 13.

Cincinnati.—Week ended March 15th. Total deaths 112. Annual ratio 21. Typhus fever caused 1 death, scarlet fever 18, diphtheria 3, whooping cough 4.

Philadelphia.—Week ended March 15th. Total deaths 284. Annual ratio 17. Enteric

fever caused 6 deaths, scarlet fever 12, diphtheria 5, croup 5, acute lung diseases 38.

St. Louis.—Week ended March 15th. Total deaths 102. Annual ratio 17.1. 6 deaths from enteric fever, 13 from scarlet fever, 5 from diphtheria, 5 from croup, 38 from acute lung diseases.

San Francisco.—Week ended March 7th. Total deaths 74. Annual ratio 12.6. Diphtheria caused 2 deaths, acute lung diseases 6, phthisis 20.

New Orleans.—Week ended March 9th. Total deaths 87. Annual ratio 21. "Congestive malignant fevers" caused 2 deaths, acute lung diseases 17.

Havana.—Week ended March 15th. Yellow fever caused 1 death, smallpox 18.

Montreal.—Week ended March 8th. Total deaths 63. Annual ratio 27.2. Smallpox caused 9 deaths, diphtheria 3, enteric fever 1.

Great Britain.—Week ended March 1st. The average mortality in the 23 large cities was 27 per 1000 of the population. Rate at London 25.5, Edinburgh 23, Glasgow 29, Dublin 43, Liverpool 34, Plymouth 18, Brighton 18, Bristol 19. Smallpox caused 22 deaths in London, 1 in Manchester, and 19 in Dublin.

Paris.—Week ended February 27th. Total deaths 1026. Annual ratio 26.8. Smallpox caused 14 deaths, enteric fever 25 deaths.

German Empire.—Week ended February 22d. In 150 towns the average death rate was 27.7. Rate at Munich 33.4, Dresden 30.3, Berlin 23, Hamburg 29, Cologne 28, Frankfurt 18.4, Strasbourg, 36.5, Leipzig 26.

Vienna.—Week ended February 22d. Total deaths 432. Annual ratio 30.5. Smallpox caused 19 deaths, diphtheria 14.

St. Petersburg.—Week ended February 15th. Total deaths 615. Annual ratio 47.7. Smallpox caused 41 deaths, fevers 44.

The United States Consul General at Constantinople reports that the health of that city and its precincts is in a favorable state, and that the reported occurrence of cases of plague in European Turkey have arisen from the prevalence of malignant typhus in the provinces devastated by the late war. The retreat of the Turkish armies was attended by great privation among the refugees who accompanied them, and among the inhabitants of the provinces through which they passed; much distress and sickness have ever since prevailed there, but no authenticated cases of plague have occurred.

No new cases of the plague have occurred in the province of Astrachan, but the military cordons are still maintained, the infected villages are being thoroughly cleansed, and means taken to completely exterminate the disease. Much anxiety is felt, however, lest on the breaking up of the ice in the Volga, and the liberation of the innumerable small craft that have been frozen up at Astrachan and other points, the disease may be spread by their movements. The past winter was the mildest in the memory of the inhabitants, and it is feared that the virus of the disease may survive the influence of the few short spells of cold weather that have occurred.

The bark "Sleipner" arrived at Port Eads,

below New Orleans, on March 14th, from Rio de Janeiro. During the sixty-one days' passage all of the crew suffered from yellow fever; three died, and one is still sick. The vessel was immediately towed to the quarantine station.

The Plague.

The Bulletin of the Marine Hospital Service states that official reports of European medical officers in China show conclusively that true "bubonic plague" has prevailed extensively in that empire during the thirty years preceding 1873, when it was supposed to be wholly extinct. The reports also show that owing to the meagre facilities for communication with Central Asia, virulent epidemics may ravage extensive districts of that country without any knowledge of their existence extending to Europe. The reports present records of the disease having prevailed in the Province of Yunnan, to which it seems to have been introduced from Burmah, during twenty of the thirty years in question, varying in intensity in different parts of the province, and in different years. The appearance of the disease was coincident with the breaking out of the rebellion against the Imperial Government, which was longer maintained, and suppressed with more violent measures in Yunnan than in any of the other provinces; conditions which undoubtedly contributed greatly to its virulence, as did also the superstitious practice of refusing to bury the dead, who are exposed on a bier, to the sun, till completely decomposed. The plague was very prevalent in Yunnan in 1871-2-3, and in the latter year suddenly reappeared in Mesopotamia and Persia, gradually extending its area, until in 1877 it reached the shores of the Caspian sea, prevailing especially at the town of Restch, which has a direct trade with Astrachan. In May and November, 1877, a fever of intermittent type, accompanied with glandular swellings, prevailed in the port of Astrachan, and in Wetlyanka, and other villages of that province, and in November, 1878, a similar affection again appeared at Wetlyanka; few deaths had occurred up to this time, but about December 1st the disease assumed the malignant character that has marked the present outbreak. The Report of the Russian Medical Service of the Interior, for 1877, which has just been made public, announces that 241 cases of Siberian plague were reported to the Government during the year, the mortality being 21 per cent.; the principal outbreaks occurred in the provinces of Viatka and Tchernigow, which are at a considerable distance from each other, and were contemporaneous with, or occurred soon after, the virulent prevalence of the disease in Persia.

From the above facts, which have been obtained from official sources, and are in the main well attested, it seems proper to conclude that instead of the late outbreak being due to the spontaneous regeneration of the virus of the plague in the valley of the Volga, or, at the furthest, in Persia, the disease was reintroduced from China into Persia, and thence to Russia, local conditions in each instance probably favoring its development. Of these conditions no authentic account will be obtained until the Inter-

national Commission of Experts, who are visiting the infected district, make their report. The return of cold weather, combined with the stringent measures adopted by the Government, seem to have confined the late violent outbreak to the limited district where it first appeared. The American ministers to Austria and to Russia report that the disease has manifested such an extremely virulent and contagious character that great alarm exists in the whole of Eastern Europe, and urge upon the Government the necessity of taking measures to prevent the possibility of the introduction of the disease into the United States. The measures already taken by this Government for preventing the importation of goods from the infected districts, except under proper precautions, are, for the present, considered sufficient for this purpose, especially if the ports of entry are kept free from the unsanitary conditions that favor the spread of epidemic disease.

The Governor of Astrachan announces officially that the late virulent outbreak of the plague in that province has expired within the district included in the military cordon. The number of deaths at Wetlyanka was 600. The normal population of this village was 1700, and almost every person who had not fled before becoming infected was attacked by the disease, and died. There is no announcement of the orders for the burning of the infected places having yet been carried out. The restriction of the disease to the original limits has been greatly favored by the natural isolation of the infected places, and the slight traffic existing in the district, the inhabitants but rarely leaving their villages, especially during the winter. Since the beginning of the outbreak, the principal road through the province has been obstructed, and all travel has been compelled to take a wide detour through the steppes. Strict quarantine regulations have been established at all the ports of the continent, for vessels and goods coming from the Black Sea, and at the British ports the sanitary condition of all vessels arriving thence is carefully inspected.

The sanitary condition of most of the cities of Eastern Europe is being improved, in view of the possible extension of the plague on the advent of warm weather.

Personal.

—S. B. Howell, M.D., has been appointed dean of the Philadelphia Dental College ad interim, in place of Dr. J. H. McQuillen, deceased. Professor Howell is also dean of the auxiliary medical faculty of the University of Pennsylvania.

—Dr. John B. Hamilton, now stationed at the Marine Hospital, in Boston, will probably be appointed Dr. Woodworth's successor as Surgeon General of the Marine Hospital Service.

Toner's Medical Men of the Revolution.

This interesting historical essay, 140 pages, bound in cloth, is offered by the Alumni Association at the merely nominal price of 25 cents. Orders may be sent to this office.

Medical Legislation in Michigan.

In the Michigan legislature a bill has been introduced to "protect the people of Michigan from empiricism and quackery." It was introduced by the committee on public health. The first feature of the bill is that it guarantees all practitioners to possess a diploma or equivalent knowledge. The basis of this guarantee is the organization of a board of examiners by each of the regularly established State medical societies. All persons not possessing a diploma or a certificate to practice from one of these boards are subject to penalties.

Remarkable Phenomenon in Reproduction.

A Newark, Ohio, letter to the Cincinnati *Inquirer* contains the following statement, which, if true, has very important bearings on certain problems of fecundation:—

"A cow, the property of J. N. Sawyer, who lives about six miles south of this city, yesterday gave birth to fifty-six calves. One of them was fully matured and still lives; the other fifty-five were about the size of small kittens, and, with the cow, died. It is one of the most curious freaks of nature that has ever taken place in this county."

Items.

—At a meeting of the Committee for Securing the Medical Education of Women in Edinburgh, held at St. Andrew's Square, Edinburgh, on the 28th ult., it was unanimously resolved, on the motion of Prof. Masson, to form a national association for promoting this object.

—A petition has recently been presented to the French Senate by several medical men, calling for a law which shall accord pensions to the widows and gratuitous education for the children of medical men who have died from contagious or epidemic diseases contracted during the practice of their profession.

—The following particulars are the result of inquiries made as to the losses sustained by the Russians at the European seat of war. On the whole, 129,471 men lie buried in the Balkan peninsula, and of the 120,950 men sent back to Russia as sick or wounded, 42,950 died. The complete number of the dead is 172,400 men, exclusive of those who succumbed in Asia Minor.

—The cost of beds in the Paris hospitals is given as follows:—At the Hôtel Dieu, with 514 beds, the annual expense per bed is 1194 francs; and at La Charité, with 472 beds, it is 1096 francs. The Clinique, with 74 beds, is the hospital which costs most, viz., 1847 francs per bed; and the Ménages, with 1387 beds, is the hospice which costs least, viz., 399 francs per bed.

OBITUARY NOTICE.**Dr. Moses Brownell.**

Dr. Moses Brownell, 90 years of age, died suddenly, March 12th, at his residence, 95 Madison street, New York city, of heart disease. He practiced medicine for 25 years at Knox, and for 32 years at Troy.

QUERIES AND REPLIES.

Dr. W. H. L.—Hamilton's *Electro-Therapeutics* (§2) might suit you.

Scalpel.—Slips and references may be placed in envelopes, and these arranged alphabetically, with the subjects endorsed on them. Or a card may be headed with the subjects, and references entered upon its surface, and arranged alphabetically.

Dr. R. A. C., of Tenn.—Codman & Shurtleff's Steam Atomizer will answer your purpose.

Dr. R. D. T. of Iowa, reports a case of permanent partial loss of sensation in the hands after anesthesia, and inquires whether similar instances are frequent.

W. W. S. of Ind.—Can any reader of the *REPORTER* tell me how to treat follicular pharyngitis? I have tried a great many articles of the materia medica, and failed.

S. K., of N. J.—Dr. Black (*REPORTER*, page 206) referred to Wayne's, not Hayes' Elixir (a typographical error). The formula is—

R. Syr. arom.,	3ij
Pot. acet.,	3ss
Ex. junip., fl.,	
Ex. buchu, fl.,	aa 3j.

Dr. J. N. D., of Ill.—You will find Dr. Da Costa's modification of Basham's mixture on page 363 of *Napheya's Medical Therapeutics*.

MARRIAGES.

BLAIR-RICHARDSON.—In Philadelphia, on the 27th ult., by the Rev. L. P. Hornberger, Samuel Charles Blair, m.d., and Miss Mary E., daughter of the late William B. Richardson.

KANOUSE-CAMPBELL.—At Columbus, Wis., February 28th, by Rev. J. B. Andrews, A. W. Kanouse, m.d., of Lancaster, and Mollie Campbell, of Columbus.

STUART-BOARDMAN.—At the residence of the bride's father, Dr. E. R. Boardman, Elmira, Ill., by Rev. V. B. Ingram, of Osceola, Ill., Mr. D. M. Stuart and Miss N. J. Boardman, both of Elmira.

WHITE-RITTER.—In New York, on Thursday, March 18th, by the Rev. Wm. M. Paxton, D.D., Oliver White, m.d., and Miss Catherine O. Ritter.

BIRTH.

THOMAS.—To Dr. J. P. Thomas, of Pembroke, Ky., March 16th, 1879, a son, T. Gaillard Thomas.

DEATHS.

BROWNELL.—At Brooklyn, March 11th. Dr. Moses Brownell, formerly of Troy, N. Y., in his 90th year.

MONROE.—At Medway, Mass., February 20th, Alex. LeBaron Monroe, m.d., in the 72d year of his age.

SCHUYLER.—At West Troy, N. Y., Feb. 28th, Katy M. Seoville, wife of Dr. C. C. Schuyler.

Mrs. Schuyler was a lady in whom were combined many of those qualities which are universally esteemed. In his deep affliction the doctor has the sympathy of the whole community.

SHEPPARD.—At Cape May, on the 12th instant, William R. Sheppard, m.d.

TAYLOR.—In Philadelphia, on the 2d instant, John L. Taylor, m.d., in the 68th year of his age.

TAYLOR.—In New York, on the morning of the 12th ultimo, Mary Haynes, wife of Wm. H. Taylor, m.d.

TINKER.—Near Yazoo City, Miss., on March 9th, Dr. Robert S. Tinker, of typhoid pneumonia, aged 57 years.

VANBUSHKIRK.—In Philadelphia, on the morning of the 11th instant, Charles Vanbushkirk, m.d., in the 24th year of his age.